

# State of Utah Early Retirement Rates

Monthly Rates Effective July 1, 2015 - June 30, 2016

State Early Retiree rates <u>1st 18 months</u>				State Early Retiree rates <u>after 18</u>	
Type of Coverage	Retiree Share**	State Share	Total	Type of Coverage	Retiree Share**
<b>Advantage/Summit Traditional</b>				<b>Advantage Care / Summit C</b>	
Single	48.57	437.09	485.66	Single	61.90
Double	100.13	901.21	1,001.34	Double	127.62
Family	133.68	1,203.10	1,336.78	Family	170.37
<b>Preferred Care</b>				<b>Preferred Care</b>	
Single	202.07	437.09	639.16	Single	257.56
Double	416.69	901.21	1,317.90	Double	531.06
Family	556.22	1,203.10	1,759.32	Family	708.91
<b>Advantage/Summit STAR</b>				<b>Advantage STAR / Summit S</b>	
Single	-	369.58	369.58	Single	-
Double	-	766.22	766.22	Double	-
Family	-	1,068.08	1,068.08	Family	-
<b>Preferred STAR</b>				<b>Preferred STAR</b>	
Single	121.09	368.77	489.86	Single	179.35
Double	290.24	724.08	1,014.32	Double	369.78
Family	387.28	1,011.88	1,399.16	Family	493.59
<b>Advantage/Summit UT Basic Plus</b>				<b>Advantage/Summit UT Basic</b>	
Single	-	281.86	281.86	Single	-
Double	-	590.76	590.76	Double	-
Family	-	892.62	892.62	Family	-
<b>Preferred UT Basic Plus</b>				<b>Preferred UT Basic Plus</b>	
Single	116.71	261.41	378.12	Single	148.76
Double	240.63	548.61	789.24	Double	306.69
Family	321.19	836.41	1,157.60	Family	409.37
<b>DENTAL AND VISION - RETIREE PAYS THE TOTAL COST</b>					
<b>Dental</b>	<b>Single</b>	<b>Double</b>	<b>Family</b>	<b>Dental</b>	<b>Single</b>
Traditional Dental	32.53	60.38	109.97	Traditional Dental	38.28

Preferred Choice Dental	30.09	55.87	101.71	Preferred Choice Dental	35.40
Expressions Dental	45.01	81.63	146.90	Expressions Dental	52.57
<b>Vision</b>	<b>Single</b>	<b>Double</b>	<b>Family</b>	<b>Vision</b>	<b>Single</b>
EyeMed Full	7.63	12.54	17.42	EyeMed Full	9.13
EyeMed Eyewear Only	6.57	10.51	14.45	EyeMed Eyewear Only	7.78
OptiCare Full	8.44	13.47	20.00	OptiCare Full	10.16
OptiCare Eyewear Only	6.47	9.85	13.88	OptiCare Eyewear Only	7.65

**\*\* RETIREE SHARE** is only valid if you retire with unused Program I Sick hours and apply them towards the Medical premium. If you do not Sick hours available, or if you choose not to apply them towards the Medical premium, then you are responsible for the TOTAL premium cost

<b><u>months</u></b>	
State Share	Total
<b>Share</b>	
557.06	618.96
1,148.60	1,276.22
1,533.37	1,703.74
557.06	814.62
1,148.60	1,679.66
1,533.37	2,242.28
<b>STAR</b>	
471.02	471.02
976.54	976.54
1,361.26	1,361.26
444.99	624.34
922.84	1,292.62
1,289.65	1,783.24
<b>Plus</b>	
359.22	359.22
752.92	752.92
1,137.64	1,137.64
333.16	481.92
699.21	1,005.90
1,066.01	1,475.38
<b>Double</b>	<b>Family</b>
71.04	129.38

65.73	119.66
95.65	172.45
<b>Double</b>	<b>Family</b>
15.39	21.61
12.80	17.82
16.57	24.89
11.95	17.10

have unused Program I

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